## MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

SERIAL NO. 10/593383 APPLICANT(S)

FILING DATE

## **CLAIMS**

	AS FILED		AFTER 1"AMENDMENT		AFTER 2 ** AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL DEP.	49	<b>(-</b>		<b>4</b>		<b>←</b>
TOTAL CLAIMS	50		·			

	AS FILED		AFTER		AFTER 2 ** AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.		•		#		•
TOTAL DEP.	36	<b>←</b>		<b>4</b>		<b>(-</b> .
TOTAL CLAIMS	34	US DEPAR	TMENT of C	Ž.		1 %

PTO - 1360 (REV. 11/04)

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